



Case of Hemorrhage, of an Unusual Kind, causing Death.
By JAMES M. ADAMS, Surgeon, Glasgow.

June 22, 1844.—JEAN COLQUHON, aged fifty-five, a collier's wife, of temperate habits and spare body. This morning, when she awoke, she complained of a pain in her left side, under the inferior angle of the scapula. The next day a small tumour appeared over the seat of pain, and increased in size until the following day, when my brother, Dr A. Adams, was requested to visit her. He found a flattened oblong tumour, about five inches in its long diameter, and situated as before mentioned. It was elevated about an inch above the surrounding integument, distinctly circumscribed, slightly elastic, and obscurely fluctuating. There being little or no constitutional disturbance present, my brother did not consider it necessary to enter upon a very minute examination of the case, and simply ordered the application of poultices containing a solution of the muriate of ammonia, with the view of discussing what he considered to be a cold abscess. The swelling subsided during the day, coetaneously with which there came on a spitting of blood. I visited her on the following day (the 24th) and found her sitting up by the fireside. She complained only of feebleness and chilliness. She had a slight cough; but her breathing was not accelerated. Her pulse was 90, small and feeble. The hemoptysis still continued. There was an evident fulness of the part pointed out to me as having been the site of the tumour, but it was neither prominent nor circumscribed, nor was there any discoloration of the skin. The tumefaction, as it may be called, felt hard, did not crepitate or fluctuate, and a careful examination with the stethoscope elicited nothing positive. I prescribed repeated doses of the tincture of the muriate of iron, after the second or third of which the hemoptysis ceased. I likewise directed the use of wine and warm clothing. On the following day, and the fifth from the first notice of the affection, the tumour suddenly re-appeared, and quickly extended, elevating the skin from the margin of the inferior rib up to the middle of the neck, and from the spine posteriorly to within two inches of the sternum anteriorly. She sank rapidly, and died in the course of the day.

June 28th. *Inspectio Cadaveris*.—This day, assisted by my friend Dr Menzies, I examined the body. It was emaciated to an extreme degree. The heart was pale and flabby; its vessels were filled with pale serum, and a thin layer of serous fluid lay beneath its investing membrane. The ventricles were firmly contracted; the right auricle was filled with fibrinous clots; one of the valves of the tricuspid was ossified at its base, as was also one of the semilunar valves of the aorta. The aorta and the other great vessels of the heart were healthy. The right lung

was closely attached to the costal pleura by firm old adhesions. The substance of the lung was loaded with frothy serum. The substance of the left lung was healthy; but several parts of its circumference were emphysematous. A firm band, about an inch in thickness, attached the lung to the costal pleura. That part of the pleura which corresponded to the first appearance of the tumour was of a livid ecchymosed colour, caused by extravasated blood lying beneath and external to it. The liver was enlarged, but was otherwise healthy. A biliary calculus of the size of a walnut was found in the gall-bladder. The mesenteric glands were unusually large. The spleen was of enormous size, and occupied the whole left side of abdomen. It measured fifteen inches in length and eighteen in circumference; and we estimated its weight at nearly fourteen pounds avoirdupois. It was of a dark brown colour and firm fleshy texture. Its external surface was mottled with patches of yellow, which extended half an inch into its substance, and at one part there was found a serous cyst of the size of a nutmeg. The other abdominal viscera were healthy.

The integuments on the left side of the body were now dissected carefully off, when the tumefaction was found to consist of an extensive layer of thick grumous blood, very dark in colour, and of a tenacious consistence, the quantity of which we estimated at nearly four pounds avoirdupois. It lay beneath the greater pectoral and the latissimus dorsi muscles, and these, together with the intercostal muscles, were thoroughly infiltrated, and in some parts disorganized, and their insertions detached by the extravasated blood. The axillary vessels were carefully traced and examined, and a minute search made, but no ruptured vessels could be found.

The muscles of the body were singularly pale and exsanguine. The relatives stated that the tumefaction appeared much less after than a short while before death.

From the previous history of the patient, it appeared that for many years she had laboured under an obscure abdominal affection, for which she had occasionally sought relief from medical men. About twenty years ago, she had a severe attack of fever. She had borne several children, the last one about twelve years prior to the present period, and on the day following that occasion an alarming uterine hemorrhage had come on, and continued, with remissions, for eight days. She was attended by two medical men, one of whom had resided almost constantly in her house for several days, in order that he might be at hand to control the discharge of blood. Since that period she had twice suffered very severely from epistaxis; the last seizure of which happened about eighteen months previous to the present date. I saw her frequently during this illness, and I have never witnessed a case so obstinate and unmanageable. It lasted a week, but she was long in recovering from the state of extreme debility which it induced.

I consider this case interesting, and in some degree unique, for, in referring to books, and to the experience of my medical

friends, I have failed in gaining intelligence of a strictly analogous example. Of the many recorded cases of hemorrhagic diathesis I find but three or four which have occurred in females,—none of them proved fatal, and one would have been more properly called vicarious menstruation. Indeed, one of the most singular features in this unfortunate disposition is its tendency to attach itself exclusively to the male sex, and this both in its natural and acquired form. There is abundant evidence to show that it may be continued for successive generations in the males, while the females of a family have shown no trace of such a habit. The history of my patient gives sufficient evidence of a hemorrhagic diathesis, in her case acquired; for none of the near or distant branches of her family had ever given evidence of such a disposition.

Some obscurity exists with regard to the exciting cause of the hemorrhage; and it would be interesting if it could be shown that the enormously enlarged spleen had any connexion with this morbid diathesis, seeing that modern physiology is inclined to attribute an important share in the process of sanguification to that organ. The mere enlargement would of itself favour the occurrence or persistence of hemorrhage, from a mechanical cause alone, just as abdominal tumours of various kinds—an enlarged liver, or even the pressure of the gravid uterus, have been observed to cause hemoptysis. Dr Perry informs me, in reference to the present case, that in several post-mortem inspections of fever and other patients made in the Glasgow hospital, and in which he has met with those local congestions and extravasations of blood between the layers of muscles which are occasionally observed in fever cases, he has also noticed a co-existence of enlarged spleen, which induces him to think that there is a connexion between the abnormal states of this organ and of the blood or its vessels. It must, however, be remembered, that of many recorded cases of enlarged spleen given by Morgagni, Haller, Lieutaud, and others, there is no notice of the existence of such a coincidence.

My first impression on exposing the extravasated blood was, that there probably had existed a small aneurism, which had given way; but a close and patient investigation failed to discover any trace of such an affection. It would have been satisfactory to have inserted a pipe in the axillary vessels and thrown in an injection, but we were not afforded such an opportunity. I am inclined, however, to believe that I accidentally stumbled on the probable exciting cause of the hemorrhage, for on happening to suggest in the course of conversation that the deceased might have struck against some sharp angle of a chair or table, or have received an accidental blow from the elbow of some one, probably while asleep, the eldest daughter became much agitated, and bursting into tears accused herself as the cause of her mother's death. For, she said, that on the first morning of her illness her mother complained of her

having been restless during the night, and of having jostled her roughly, adding, moreover, that she had lain by the left side of her mother. I was grieved at having thus unwittingly given pain, and of course endeavoured to undo the effects of my unlucky supposition. Be it correct or not, there can be no doubt that a cause equally slight might lead to similar results in an individual having the same constitutional tendency. Most practitioners of any experience must have met with cases wherein, from slight bruises, &c., there have ensued ecchymoses and extravasations of blood to an extent much beyond what might have been expected from the severity of the injury. I had lately an opportunity of witnessing such a case through the polite attention of my friend Mr Lyon, and I am aware of many others of a like nature.*

Though isolated examples of effusion of blood† may be found scattered through British medical literature, yet I cannot find that the subject has been treated of fully and in detail. But in the *Clinique Chirurgicale*‡ of M. Pelletan, there is contained an excellent memoir entitled “*Sur les Epanchemens de Sang,*” in which are embodied numerous illustrative cases, occurring in his practice while surgeon to the Hotel Dieu. All the cases there detailed were the result of external violence, but in none of them was the hemorrhage so severe as to cause death, as in the present instance. Those cases which proved fatal did so at a late period, and the result was owing to secondary causes, or to other influences than the mere loss of blood. The subjects of all his cases were males.

The condition of the blood in hemorrhagic cases has naturally attracted much attention. I gave particular notice to it in the case of my patient, both on the occasion when she suffered from epistaxis eighteen months prior to her decease, as also during her last fatal illness. It accorded with the description given by other observers, being of a light colour and watery consistence, while it did not coagulate. It was evidently deficient in the due amount of fibrine and colouring matter, and in short bore a considerable resemblance to the menstrual discharge.

* In passing this sheet through the press, a case of this nature has come under my care. A mechanic, after a day's hard digging in a garden, about a week since, was seized with pain in the ham of the right leg, followed by a swelling. This swelling extended to the middle of the calf of the leg, and partly surrounded the knee. In a few days the skin became discoloured, and, at the present time, there is an *ecchymosis* of the deepest purple extending from the hip to the calf of leg, while the rest of the leg to the toes is of a livid orange colour.

† The distinction between *effusion* and *ecchymosis* must be borne in mind. *Ecchymosis*, strictly speaking, is a discoloration caused by an infiltration of blood through the cellular tissue. The term *effusion* is applied when the blood rests contained in a natural cavity, or in a pouch formed by the blood itself in escaping from its vessels.

‡ Paris, 1810, vol. ii. p. 98.

